

SSI Milwaukee County Advisory Committee

Goal Statement for SSI Milwaukee County Advisory Committee

The SSI Milwaukee Advisory Committee will provide guidance and recommendations, consistent with the goals of the project, on a variety of issues related to the SSI expansion in Milwaukee County. The goals of the SSI managed care expansion initiative in Milwaukee County are to:

- Improve the quality of care available to SSI disabled adults.
- Increase the choice of providers available to enrollees.
- Assure comprehensive assessment and case management in the delivery of care, building on the success of current specialized managed care programs.
- Support enrollees in the community by attaining and maintaining health through prevention services and disease management.
- Improve enrollee participation in, and satisfaction with, the health care delivery system.
- Where possible, provide a transparent continuum of managed care from initial permanent disability to disability/disease management to end of life.
- Reduce the current cost of providing care and contain the rate of increase of future costs to Medicaid.

SSI Milwaukee County Workgroups

The following four workgroups will make recommendations to the SSI Milwaukee County Advisory Committee:

1. Quality Assurance Workgroup

Staff Chairs: Dr. Bruce Christiansen and Dr. Sandra Mahkorn

2. Consumer Rights and Enrollment Workgroup

Staff Chairs: Janice Sieber and Alice Mirk

3. Scope of Services and Network Adequacy Workgroup

Staff Chairs: Mary Laughlin and Sean Gartley

4. Rate Setting Workgroup

Staff Chairs: David Beckfield and Angelo Castillo

Quality Assurance Workgroup

Staff Chairs: Dr. Bruce Christiansen & Dr. Sandra Mahkorn

Goal Statement for Quality Assurance Workgroup

Recognizing that the SSI-eligible consumers with disabilities have more diverse, chronic, medical and social needs than the family Medicaid and BadgerCare managed care enrollees, the purpose of this workgroup is to make recommendations to the advisory committee of the whole regarding:

1. The important health outcomes that might reasonably be affected by this managed care initiative;
2. The methods by which these outcome variables are measured and collected;
3. How to combine outcome measurements into a coherent whole;
4. The process by which outcome findings are used as a catalyst for programmatic improvement;
5. The important outcome or health process variables that should be measured in an “early warning system” during implementation;
6. How to infuse measuring quality throughout this project including:
 - a. expressing data collection for quality and quality standards in the contract
 - b. involving consumers in the quality measurement enterprise
 - c. recommending network access standard to ensure quality

This workgroup will restrict its work to health care outcomes rather than the broader “quality of managed care processes” except as noted in #5 above.

Expected Workgroup Products

- Performance measures:
 - Early warning measures
 - Clinical physical and mental health status measures
 - Consumer satisfaction measures
- Requirements for managed care organizations’ performance improvement projects
- Standards for Assessment and Case Management/Care Coordination

Concerns about Quality Assurance and Improvement (from listening sessions)

- The Committee should examine standards for care coordination for carved-out services and dual-eligibles.
 - Consumers should be continually involved in evaluating the performance of the HMOs.
 - What indicators should be included in the Early Warning Program?
 - Consumers are concerned about the caseload of case managers for this population.

Draft

- The State should provide tools aimed at consumer satisfaction that have been developed in Mental Health/Alcohol and other Drug Abuses Redesign to the SSI Advisory Committee.

There will be a presentation at the August 4th meeting outlining quality initiatives developed in the Mental Health/Alcohol and other Drug Abuses Redesign that may be applicable to this initiative.

Consumer Rights and Enrollment Workgroup

Staff Chairs: Janice Sieber and Alice Mirk

Goal Statement for Consumer Rights and Enrollment Workgroup

Recognizing that the SSI-eligible persons with disabilities have more diverse, chronic, medical and social needs than the family Medicaid and BadgerCare managed care enrollees, the purpose of this workgroup is to make recommendations to the advisory committee of the whole regarding:

1. Developing a process for enrollment of SSI Medicaid individuals in certified managed care organizations participating in the SSI Managed Care Expansion in Milwaukee County. This workgroup will consider what information and training will be necessary to ensure that potential enrollees are aware of their rights regarding managed care enrollment. This includes review of and recommendations for the informing materials that will be sent to potential enrollees. The workgroup will also consider what special training will be needed to ensure that the entity responsible for enrollment understands the complex medical needs of the population and the importance of ensuring continuity of care during and after the enrollment period.
2. Developing standards and guidelines for the Ombuds and managed care organization (MCO) Advocates who will work with enrolled consumers.
3. Developing procedures for grievances that are compliant with federal regulations and that take into consideration the special needs of SSI consumers.

Expected Workgroup Products

- Grievance Procedures
- Guidelines for Ombuds and MCO Advocates
- Informing and education materials for consumer enrollees and potential enrollees
- Description of the enrollment process and who will be served

Concerns about Consumer Rights and Enrollment (from listening sessions)

Consumer Rights

- The State and consumers want to ensure effective Ombuds and advocate programs both within and independent of the HMO. Consumers feel that the Ombuds and advocate programs should be better for SSI managed care than what is currently offered in the HMO program.
- Consumers are concerned about “Gatekeeper Syndrome”, when the HMO approves the service but the gatekeeper says the service is not covered.

Draft

- When services are denied to consumers, it should be communicated clearly and effectively.
- How will the State involve consumers in the development of this initiative?

Consumers will be involved in this initiative in many ways, including having consumers as members of the larger Advisory Committee as well as the workgroups, both of which will provide recommendations for the development of a high-quality, comprehensive SSI managed care program in Milwaukee County.

Enrollment Process

- Consumers are concerned about mandatory enrollment for this population.

Mandatory enrollment will be considered only after voluntary enrollment has proven successful. Success will be defined by a variety of factors, including consumer satisfaction, enough HMO interest (two or more HMOs for consumers to choose from), quality of care standards, and other factors that will be discussed during the upcoming Advisory Committee meetings.

- What will the options be for families enrolled in BadgerCare? Will they be required to enroll in managed care?

The State intends for families in BadgerCare to have a choice of whether or not a member of the family on SSI can enroll in managed care. Currently, all family members on BadgerCare are enrolled in the same HMO.

- The State and HMOs need to do a great deal of consumer education to make this initiative effective.

We agree that there will need to be a concerted education effort to inform consumers of their choices and how to receive quality care. The State is concerned about continuing effective treatment for individuals, maintaining their health and well-being. In addition to helping define the SSI managed care model in Milwaukee County, we will ask the Advisory Committee for suggestions on how consumer education should occur.

- What will be the enrollment process be for SSI-Medicaid recipients into managed care in Milwaukee County?
- Informational materials should be targeted to both consumers and parents/guardians.
- Make sure enough information is provided up-front about formularies so that consumers are able to make educated decisions.

Who Will be Served?

- Should the Committee consider recommending that eligibility for persons in SSI spend-down be automatically extended?
- What happens when an enrollee moves outside of the Milwaukee County service area?

They will be disenrolled from their Milwaukee County managed care organization.

- What will happen to individuals who remain in a waiver program after SSI managed care is implemented? Will there still be services to address their specific needs?
- Will CSP, TCM, and CIS recipients be enrolled in SSI managed care in Milwaukee County?

No decision has been made on this issue. There are many factors to consider regarding whether county funded mental health services will be included in the managed care benefit package and if so, how they will be funded.

- How will the State handle enrollment for families that include members who are eligible for Medicaid through both the Supplemental Security Administration and TANF (Temporary Assistance for Needy Families)?

Families on TANF Medicaid will have a choice of whether or not the SSI family member will enroll in an HMO.

- Will the State include adults with disabilities getting health coverage through the Medicaid Purchase Plan in this SSI initiative?
- Why is Milwaukee County a targeted area for enrolling SSI individuals in managed care?

Milwaukee is one of the areas the State is focusing on because of the high concentration of the SSI population in this area. We believe that managed care, which has safeguards in place to ensure that individuals are receiving appropriate and effective care, would be beneficial for this population.

- What is your timeline for implementing voluntary and mandatory enrollment?

We are planning on implementing voluntary enrollment of SSI individuals in early 2005. A time frame for mandatory enrollment has yet to be determined.

Scope of Services and Network Adequacy Workgroup

Staff Chairs: Mary Laughlin and Sean Gartley

Goal Statement for Scope of Services and Network Adequacy Workgroup

Recognizing that the SSI-eligible persons with disabilities have more diverse, chronic, medical and social needs than the family Medicaid and BadgerCare managed care enrollees, the purpose of this workgroup is to make recommendations to the advisory committee regarding standards for network adequacy to ensure that qualified managed care organizations have a sufficient number of providers and can ensure access to medically necessary services for its enrollees.

Expected Workgroup Products

- Standards for network adequacy for managed care organizations' providers in compliance with federal regulations. The standards should include the following requirements:
 - geographic and physical access
 - number and types of specialists and access requirements for needed specialists
 - provider qualifications, including cultural competency
 - requirements for payment to out-of-network providers, including emergency care and specialty care
 - limitations on prior authorization and other utilization management strategies
 - guidelines for coordination of care with counties, public health, and related community agencies.

Concerns about Services and Network Adequacy Workgroup to Consider (from listening sessions)

Scope of Services

- This initiative needs to increase the numbers and options for psychiatric crisis intervention services in Milwaukee.
- There is a shortage of dentists in Milwaukee County. How will SSI managed care address this issue?
- There is a shortage of mental health practitioners in Milwaukee County. How will SSI managed care address this issue?
- Consumers are concerned about their access to appropriate and effective medications (HMOs have their own preferred drug lists).
- Consumers are concerned that plans not restrict place of service for benefits like home health.
- How will this initiative address prior authorization and formularies for mental health medications?
- The State should outline the scope of services that are federally required.

This information will be presented at the August 4th meeting.

- Does the State plan to include dental care in the SSI initiative?

Yes

- Consumers are concerned that dental care has been focused on removing teeth rather than preventive or restorative care.

Provider Networks and Service Access

- Consumers are concerned about switching providers after establishing a strong and long-lasting relationship with existing providers. This could be very disruptive in the lives of SSI individuals, who often have many needs and diverse medical histories.
- Consumers have heard that providers will be hesitant or uninterested in being in a managed care network because of the additional paperwork required.
- Will psychiatric specialty hospitals be part of the provider network?
- Consumers are concerned about prior authorization requirements creating barriers to health care.
- Will Respect and Recovery principles be included in the SSI initiative in Milwaukee County?

Yes

- Education about Recovery principles is key for enrollees, providers, administrators, and everyone else involved in the care of SSI individuals.
- Provider networks should incorporate out-of-plan specialty providers.
- This initiative should include standards for emergency care for HMO enrollees.
- Consumers should have input about the quality of providers.
- What strategies should be used to analyze the adequacy of managed care organizations' provider networks during certification review?

Rate Setting Workgroup

Staff Chairs: David Beckfield and Angelo Castillo

Goal Statement for Rate Setting Workgroup

Recognizing that the SSI-eligible persons with disabilities have more diverse, chronic, medical and social needs than the family Medicaid and BadgerCare managed care enrollees, the purpose of this workgroup is to ensure that rates are actuarially sound, meet state and federal requirements, and provide incentives to serve individuals with complex medical and mental health care needs.

Expected Work Products

- Description of Rate Methodology
- Table of Rates

Concerns for Rate Setting Workgroup to Consider (from listening sessions)

- What is the State's strategy for developing capitation rates for this population?

Capitation rates will likely be established on multiple levels. For instance, individuals with multiple disabilities/conditions will be grouped and weighted according the prevalence of these individuals. Similarly, individuals with fewer care needs will be grouped and weighted according to their prevalence in the population. The exact formula/grouping has yet to be established, and will be discussed in the Rate Setting Workgroup meetings.